

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2		/					52			
3	/						53			
4		/					54			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	/						Total Indep			
Total Depend	12						Total Depend			
Total Claims	13						Total Claims			